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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY				
Caption in Compliance with D.N.J. LBR 9004-1(b)				
In Re:	Case No.: Chapter: Judge:			
CERTIFICATION OF DEE SUPPORTING SUPPLEMENT				
THIS FORM MAY NOT BE USED TO REQUEST APPROVAL OF FEES IN CASES FILED UNDER, OR CONVERTED TO, CHAPTER 13 ON OR AFTER AUGUST 1, 2018.				
, Esquire,	certifies as follows:			

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1. I represent the debtor in connection with the following proceeding(s) in debtor's chapter 13 case:

STANDARD FEES

☐ Prosecution of motion on behalf of debtor.	
Nature of motion:	
Hearing date(s):	
Defense of motion on behalf of debtor (Including filing	\$400.00
Objection to Creditor's or Trustee's Certification of Default).	
Nature of motion:	
Hearing date(s):	
Additional court appearance(s). (Not to exceed three).	\$100.00
Purpose:	
Hearing date(s):	
Filing and appearance on a modified Chapter 13 Plan.	\$300.00
Preparation of Wage Order	\$100.00
Preparation and filing of Amendments to Schedules D, E, F, G, H or List of Creditors	\$100.00
Preparation and filing of other amended schedules	\$100.00
Preparation and filing of Application for Retention of Professional	\$200.00
Preparation and filing of Notice of Sale or Settlement of Controversy	\$100.00

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NON-STANDARD FEES

Do not combine standard and non-standard fees for the same motion or service. If you believe the standard fee is inappropriate for services in a particular instance, you must request only non-standard fees for that particular service.

		tail, and attach a time detail (including app	licable hourly rates) as	
Exhi	bit A:			
Desc	ribe non-standard expenses in d	etail:		
2.	To date, in this case:			
	I have applied for fees (including original retainer) in the amount of:			
	To date, I have received:			
3. I	seek compensation for services	rendered in the amount of \$	payable:	
	☐ through the chapter 13 p	lan as an administrative priority.		
	\Box outside the plan.			
4. ☐ This allowance will not impact on plan payments.				
	☐ This allowance will impa	act on plan payments.		
	Present plan: \$_	per month for	months.	
	Proposed Plan: \$	per month for	months.	

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5.	I have not filed a supplemental fee application within the preceding 120 days.			
I certify under penalty of perjury that the above is true.				
Date: _		Signature		